

## STATEMENT OF EXPENSES INCURRED BY VA ON ACCOUNT OF ALLIED EX-SERVICEMEN

PREPARING OFFICE Department of Veterans Affairs,		TYPE OF ACCOUNT <input type="checkbox"/> BRITISH <input type="checkbox"/> CANADIAN  <input type="checkbox"/> OTHER <i>(Specify)</i>		REPAY VOUCHER NO.  DATE REPORT COMPLETED	
NAME OF ALLIED BENEFICIARY				REGIMENTAL NO.	
PENSION NO.		DVA NO.		BRANCH OF SERVICE	
DATE BENEFICIARY ADMITTED TO HOSPITAL		DATE BENEFICIARY LEFT HOSPITAL		PERMISSION GRANTED TO LEAVE HOSPITAL <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE BENEFICIARY RETURNED TO HOSPITAL			DATE BENEFICIARY DISCHARGED FROM HOSPITAL		
BENEFICIARY FURNISHED HOSPITALIZATION		NUMBER OF DAYS HOSPITALIZED	DAILY PER DIEM RATE \$	TOTAL AMOUNT OF PER DIEM	AMOUNT
DATE FROM	DATE TO <i>(Inclusive)</i>				
DATE	ARTICLES AND/OR SERVICES, OTHER THAN HOSPITALIZATION, FURNISHED				
<b>TOTAL</b>					\$
The allied veteran named herein was furnished the services and/or supplies for the condition indicated above for which payment is claimed, on the dates stated, under proper authorization.			AUTHORITY		APPROPRIATION SYMBOL
			<b>I CERTIFY</b> that this statement is correct and that the expenses covered have been incurred by the United States.		
			SIGNATURE AND TYPED NAME OF AUTHORIZED CERTIFYING OFFICER		
SIGNATURE, TYPED NAME AND TITLE		DATE			